HOPE HEALTH & REHABILITATION CENTER 438 ASHFORD AVENUE, PO BOX 280

LOMIRA	53048	Phone: (920) 269-4386		Ownership:				
Operated from	n 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled			
Operate in Co	onjunction with	Hospital?	No	Operate in Conjunction with CBRF?	No			
Number of Bed	ds Set Up and St	affed (12/31/05):	42	Title 18 (Medicare) Certified?	Yes			
Total License	ed Bed Capacity	(12/31/05):	42	Title 19 (Medicaid) Certified?	Yes			
Number of Res	sidents on 12/31	/05:	39	Average Daily Census:	40			

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	8	Age Groups 	*	 Less Than 1 Year 1 - 4 Years	38.5 56.4
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	5.1
Mental Illness (Org./Psy)	38.5	65 - 74	0.0		
Mental Illness (Other)	0.0	75 - 84	28.2		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	53.8		
Para-, Quadra-, Hemiplegic	2.6	95 & Over	17.9	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	ents
Fractures	10.3	İ	100.0	(12/31/05)	
Cardiovascular	20.5	65 & Over	100.0		
Cerebrovascular	15.4			RNs	8.2
Diabetes	0.0	Gender	8	LPNs	10.5
Respiratory	2.6			Nursing Assistants,	
Other Medical Conditions	10.3	Male	17.9	Aides, & Orderlies	45.6
		Female	82.1	İ	
	100.0	İ		İ	
*******		İ	100.0	İ	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	350	19	100.0	129	0	0.0	0	17	100.0	165	0	0.0	0	0	0.0	0	39	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		19	100.0		0	0.0		17	100.0		0	0.0		0	0.0		39	100.0

Admissions, Discharges, and	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05			
Deaths During Reporting Period	% Needing								
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of		
Private Home/No Home Health	17.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	1.9	Bathing	0.0		76.9	23.1	39		
Other Nursing Homes	7.5	Dressing	15.4		71.8	12.8	39		
Acute Care Hospitals	71.7	Transferring	25.6		71.8	2.6	39		
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.1		74.4	2.6	39		
Rehabilitation Hospitals	0.0	Eating	61.5		23.1	15.4	39		
Other Locations	0.0	*******	******	*****	*****	******	******		
Total Number of Admissions	53	Continence		%	Special Treatmen	ts	%		
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Resp	iratory Care	17.9		
Private Home/No Home Health	27.5	Occ/Freq. Incontiner	nt of Bladder	69.2	Receiving Trac	heostomy Care	0.0		
Private Home/With Home Health	5.9	Occ/Freq. Incontiner	nt of Bowel	28.2	Receiving Suct	ioning	0.0		
Other Nursing Homes	7.8				Receiving Osto	my Care	0.0		
Acute Care Hospitals	15.7	Mobility			Receiving Tube	Feeding	0.0		
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	30.8		
Rehabilitation Hospitals	0.0								
Other Locations	0.0	Skin Care			Other Resident C	haracteristics			
Deaths	35.3	With Pressure Sores		5.1	Have Advance D	irectives	100.0		
Total Number of Discharges		With Rashes		5.1	Medications				
(Including Deaths)	51	İ			Receiving Psyc	hoactive Drugs	66.7		

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1		
	Facility	y Peer Group		Peer	Group	Peer Group		Faci	lities		
	90	%	Ratio	8	Ratio	9	Ratio	ે	Ratio		
Output Debut Desire Debut Green (Times of Debu	25.2	06.0	1 10	00.0	1 00	00.2	1 00	00.1	1 00		
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	86.8	1.10	88.2	1.08	88.3	1.08	88.1	1.08		
Current Residents from In-County	56.4	76.7	0.74	70.9	0.80	70.5	0.80	77.6	0.73		
Admissions from In-County, Still Residing	15.1	16.9	0.89	24.7	0.61	20.5	0.74	18.1	0.83		
Admissions/Average Daily Census	132.5	168.8	0.78	96.3	1.38	123.5	1.07	162.3	0.82		
Discharges/Average Daily Census	127.5	172.6	0.74	93.9	1.36	126.7	1.01	165.1	0.77		
Discharges To Private Residence/Average Daily Census	42.5	69.5	0.61	23.2	1.83	50.1	0.85	74.8	0.57		
Residents Receiving Skilled Care	100	95.0	1.05	83.0	1.20	94.1	1.06	92.1	1.09		
Residents Aged 65 and Older	100	92.7	1.08	96.4	1.04	92.5	1.08	88.4	1.13		
Title 19 (Medicaid) Funded Residents	48.7	67.3	0.72	53.3	0.91	70.2	0.69	65.3	0.75		
Private Pay Funded Residents	43.6	18.0	2.42	37.0	1.18	19.0	2.29	20.2	2.16		
Developmentally Disabled Residents	0.0	0.6	0.00	1.2	0.00	0.5	0.00	5.0	0.00		
Mentally Ill Residents	38.5	29.4	1.31	30.9	1.24	37.2	1.03	32.9	1.17		
General Medical Service Residents	10.3	28.0	0.37	12.7	0.81	23.8	0.43	22.8	0.45		
Impaired ADL (Mean)	43.6	48.0	0.91	46.1	0.95	47.2	0.92	49.2	0.89		
Psychological Problems	66.7	53.5	1.25	64.2	1.04	58.9	1.13	58.5	1.14		
Nursing Care Required (Mean)	7.4	6.8	1.08	9.2	0.80	7.1	1.04	7.4	0.99		